

This Information Form must be taped to outside of container.
Keep bird cold at all times.
Corvids (crows, bluejays) will be given priority for testing.

FOR DPHS USE ONLY

DATE _____
TIME _____
RECEIVED BY: _____

DATE OF COLLECTION OF BIRD: _____

FOR PHL USE ONLY

LAB NO. _____

PROVIDE DETAILED INFORMATION ABOUT WHERE BIRD WAS FOUND:

Address or intersection: _____

Town: _____

BIRD WAS: ☐ Found dead ☐ Other (Please describe) _____

DID YOU OBSERVE BIRD'S DEATH? ☐ Yes ☐ No

DATE AND TIME BIRD FIRST OBSERVED DEAD: _____

WAS THERE ANY OBVIOUS CAUSE OF DEATH? ☐ Yes ☐ No Describe _____

HAS BIRD BEEN FROZEN? ☐ Yes ☐ No DATE FROZEN: _____

BIRD SPECIES OR DESCRIPTION OF BIRD: _____

PERSON / AGENCY REQUESTING TESTING:

Last Name: _____ First Name: _____ Phone: _____

Facility/Agency: _____ Address: _____

City/town: _____ State: _____ Zip: _____

TRANSPORTER (IF DIFFERENT FROM REQUESTER):

Facility/Agency: _____

Last Name _____ First Name: _____ Phone: _____

**** In the event the bird tests positive, the Health Officer will be notified**